

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations 2		Date 1/14/19	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration 1/17/2019	
Establishment Subway		Location 116 N Franklin St		Phone	
License / Permit #	Contact/Permit Holder Menahem Thalkar	Purpose of Inspection <u>Routine</u> Follow-up	Est Type FS <u>RS</u>	Risk Category High <u>Medium</u> Low	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.
IN = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Demonstration of Knowledge							
1	IN OUT	Certification by accredited program, compliance with Code, or correct responses		16	IN OUT N/A N/O	Proper cooking time & temperatures	
				17	IN <u>OUT</u> N/A N/O	Proper reheating proc for hot holding	
Employee Health							
2	IN OUT	Management awareness; policy present		18	IN OUT N/A N/O	Proper cooling time & temperatures	
3	IN OUT	Proper use of reporting, restriction & exclusion		19	IN OUT N/A N/O	Proper hot holding temperatures	
Good Hygienic Practices							
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		20	IN OUT N/A	Proper cold holding temperatures	
5	IN OUT N/O	No discharge from eyes, nose, and mouth		21	IN OUT N/A N/O	Proper date marking & disposition	
				22	IN OUT N/A N/O	Time as public health control; proc & rec	
Preventing Contamination by Hands							
6	IN OUT N/O	Hands clean & properly washed		23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		Highly Susceptible Populations			
8	IN OUT	Adequate handwashing facilities supplied & accessible		24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Approved Sources							
9	IN OUT	Food obtained from approved source		25	IN OUT N/A	Food additives: approved & properly used	
10	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A	Toxic substances properly identified, stored & used	
11	IN OUT	Food in good condition, safe & unadulterated		Conformance with Approved Procedures			
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction		27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan	
Protection from contamination							
13	IN OUT N/A	Food separated & protected		Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.			
14	IN <u>OUT</u> N/A	Food-contact surfaces: cleaned & sanitized					
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. **COS**=corrected on-site during inspection **R**=repeat violation

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
28	Pasteurized eggs used where required			41	In-use utensils: properly stored		
29	Water & ice from approved source			42	Utensils, equip & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles: properly stored & used		
Food Temperature Control				44	Gloves used properly		
31	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
32	Plant food properly cooled for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved thawing methods used			46	Warewashing facilities: installed, maintained, used: test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				49	Plumbing installed; proper backflow devices		
36	Insects, rodents & animals not present; no unauthorized persons			50	Sewage & waste water properly disposed		
37	Contamination prevented during prep, storage & display			51	Toilet facilities: properly constructed, supplied & cleaned		
38	Personal cleanliness			52	Garbage & refuse properly disposed; facilities maintained		
39	Wiping cloths: properly used & stored			53	Physical facilities installed, maintained & clean		
40	Washing fruits & vegetables			54	<u>X</u> Adequate ventilator & lighting: designated areas used		

Person in Charge (Signature) _____
 Inspector (Signature) _____

Follow-up: YES NO (Circle one)

Follow-up Date: _____

APPROVED

NEW

RE-NEW

RE-INSPECT

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		GREASE TRAP INSTALLED Yes No	Date <u>1/14/19</u>
Establishment Subway	Address/City/State/Zip Code 116 N Franklin St	Phone 814-755-4475	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Meatballs	100°	Hot Holding			
Chicken	30	Frozen			
Dehydrated	380	WALK-IN			
Roast Beef	35	Sandwich Unit			
Tomato	33	Sand Unit			
Soup	152°				
FEL	Yes				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
14	Sanitizer residue in three bay warewashing sink in use during inspection was less than 150 ppm required on mfg. label. Emptied & refilled to correct strength.
17	Meatballs which employee states were just heated & placed in hot holding had internal product temperature of 100° F. Remove & relabel.
54	Lighting in walk-in cooler is inadequate to read product labels.
	Re-inspection to be conducted at added fee.

Person in Charge (Signature) <u>Kate Kato</u>	Date: <u>1/14/19</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>1/14/19</u>